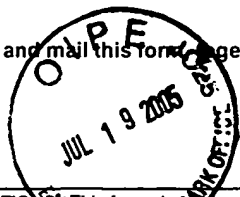


# PART B - FEE(S) TRANSMITTAL

Complete and mail this form together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450  
(703) 746-4000

or **Fax**



*[Handwritten signature]*

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence regarding the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

22852 7590 04/06/2005

FINNEGAN, HENDERSON, FARABOW, GARRETT &  
DUNNER, L.L.P.  
901 New York Avenue, NW  
WASHINGTON, DC 20001-4413

07/20/2005 MBEYENE2 00000159 10706663

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmission to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

01 FC:1501 02 FC:1504	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/706,663	11/12/2003	Gary T. NEEL	06882.0090-04	9299

TITLE OF INVENTION SYSTEMS AND METHODS FOR BLOOD GLUCOSE SENSING

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WALLENHORST, MAUREEN	1743	436-095000

1. Change of correspondence address or indication of "Fee Address" (37 CFR. 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Finnegan, Henderson,

2. Farabow, Garrett &

3. Dunner, L.L.P.

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY & STATE OR COUNTRY):

HOME DIAGNOSTICS, INC.

FT. LAUDERDALE, FLORIDA

Please check the appropriate assignee category indicated below (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached

☒ The Director is hereby authorized to charge any deficiencies, or credit any overpayment, to Deposit Account No. 06-0916 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

ERIC P. RACITI, Reg. No. 41,475

JULY 19, 2005

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE